

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S17951** (2)
1. Corporation Name
NEURO-ELECTRO DIAGNOSTICS, INC.

Principal Place of Business
**185 SO LAWRENCE BLVD.
SUITE 200
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address
**POST OFFICE BOX 1520
STE 200
KEYSTONE HEIGHTS FL 32656
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1990

4. FEI Number
59-3020711

Applied For
☐ Not Applicable

6. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

8. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**FISHER, OMA
185 SO LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent

81 Name **OMA VAN BRESA**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.050, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/98

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **JOHNSON, DON**
STREET ADDRESS **4190 BELFORT RD, SUITE 200-NED**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **MAITLAND, KIM**
STREET ADDRESS **4190 BELFORT RD. SUITE 200-NED**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PC** ☐ DELETE
NAME **FISHER, OMA**
STREET ADDRESS **4190 BELFORT RD., SUITE 200-NED**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PANIC** ☐ DELETE
NAME **OMA VAN BRESA, OMA**
STREET ADDRESS **185 SO LAWRENCE BLVD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **OMA VAN BRESA**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

[Signature]

CR2E034 (1097)